## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	<u> </u>	A DEPARTMEN Secretary of S VISION OF CORPOR	State		FIL E 1.4 17 MAR 14 PM 3: 21
DOCUMENT # P0500066589  1. Corporation Name				SÉCRETARY CALLAND TALLAHASSEE, FLORED	
				,,	
Principal Office Address - No P.O. Box #	J 3. Mailing	Office Address		80	0296744568
2400 SW 57 ace.	740	o su s	Dar.	U3/15.	/1701009004 **600.00 cr2e081 (11/10)
Suite, Apt. #, etc. てうら	Suite, Apt. 1				porated or Qualified
City & State	City & State	<del></del>		5. FEI Numb	05/05/2005
Minny Fl.	Zip	Country	ry		Not Applicable
33143	33/4	/3		6. CERTIFICA	TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Eugenio Mo-Aut				800296744568 03/01/1701019026 **750.00	
Street Address (P.O. Box Number is Not Acceptate 7,400 5W 57 M	le)				
Suite, Apt. #, Etc.				13/01/71 - 01019 - 026 - 26 5 1 10 L	
Mihm;		FL	2ip Code 33/43	•	`
8. I, being appointed the registered agent of the a Signature of	power managed corp	poration, am familiar v	with and accept the of	bligations of sect	, ,
Registered Agent	REGISTERED A	GENT MUST SIGN			Date <u>C2//3//3</u>
9. Names and Street Addresses of Each Officer a	nd/or Director (F	lorida nonprofit corpo	orations must list at le	ast 3 directors)	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip
VI. Evyenia Marinez ST.		1400 SW 57 We		در و	Miami F1. 33143
VI. Engenia Maxiner	- 5.	7400 50	~ 57 6		Mini F1. 33143
			ver	ret	7. El tuemet
				***************************************	dcc 3/15/17
			· · ·		
E-mail Address: EJL four	r Pizzer		for future ennual report	notification)	
1. I certify that I em an officer or director or the reco- reinstatement application, the reason for dissolut owed by the corporation have been paid. I furthe if made under oath. I am aware that tales to display SIGNATURE:	on has been elim	mpowered to execute ninated, the corporate mation indicated on the	this application as pro- prome satisfies the re- his application is true	rovided for in char equirements of se and accurate, an	ction 607.0401 or 617.0401, F.S., and that all fees d my signature shall have the same legal effect as
SIGNATURE AND	TYPED OR PRINT	ED NAME OF SIGNING	OFFICER OR DIRECTO	7R	Date Daytime Phone 9



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2017

EUGENIO MARTINEZ, JR. POWER TWO INC 7400 SW 57 AVE MIAMI, FL 33143

SUBJECT: POWER TWO INC. Ref. Number: P05000066589

We have received your document for POWER TWO INC. and your check(s) totaling \$750.00. However, the document has not been filed and is being retained in this office for the following:

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$150.00 filing fee per year for the years 2013 through the current year.

Therefore, the total fee to file the reinstatement is \$1350.00. Add an additional \$8.75 for each certificate of status requested.

We will need a balance due of \$600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 017A00004061